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CONFIRMATION NO. 2709

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APPLICANTS									
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** CONTINUING	DATA	J ********	*						
** FOREIGN APP	LICA	TIONS ************************************	***						
IF REQUIRED, FO ** 02/03/2004	OREI	GN FILING LICENSE (GRANTE	ED					
35 USC 119 (a-d) conditions				STATE OR	SHEETS		тот <i>,</i> 23		INDEPENDENT
met Allowance						RAWING CLAI		MS	CLAIMS
ADDRESS Merchant & Gould P.O. Box 2903 Minneapolis , MN 55402-0903									
TITLE Method and syste	m for	r installation and contro	ol of a uti	lity device					
						☐ All	Fees		_
							6 Fees (Filing)
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT					1.17 Fees (Processing Ext. of time)			